Amendments to the Specification:

Listing of Claims:

Please replace the paragraph beginning on page 2, line 2 with the following amended paragraph:

The number of patients suffering from these diseases has been slightly increasing year by year but no effective remedies or prophylaxis have been found ~~("Immunodeficiency due to medicament", Men-eki Kagaku (Immunological Science), Vol. 9. p.285-289 (1984) Ed. by Yuichi Yamamura, Chuzo Kishimoto, Robert A. Good)~~ (Nobuo Watanabe, "Pharmacotherapy on juvenile rheumatoid arthritis", Rheumatism, 1996, Vol. 36, No. 4, p. 670-675). Currently, for treatment of these diseases, there have been employed pharmacotherapy including administ ration of Salazopyrin, 5-aminosalycic acid, azathioprine, 6-MP, tranilast, methotrexate, cyclosporine A, or metronidazole, and administration of an excess amount of 7S-immunoglobulin; surgical therapy such as thymectomy or replacement with artificial joint; or symptomatic therapy such as nutritional therapy (Yoichi Ichikawa et al. "Study on efficacy of long-term administration of methotrexate and salazosulfapyridine on rheumatoid arthritis case" Rheumatism, 1995, Vol. 35, p.663-670; Sadao Kashiwazaki, "Study on efficacy of combination of

auranofin and methotrexate on rheumatoid arthritis", Rheumatism, 1996, Vol. 36, p.528-544; Takefumi Furutani et al., "Detrimental event in therapy with low dose methotrexate on rheumatoid arthritis", Rheumatism, 1996, Vol. 36, p.746-752; Nobuo Watanabe, ~~"Pharmacotherapy on juvenile rheumatoid arthritis", Rheumatism, 1996, Vol. 36, p.670-675~~ Immunological Science, 1984, Vol. 9, p.285-289 Ed. By Yuichi Yamamura, Chuzo Kishimoto, Robert A Good, "Immunodeficiency due to medicament; ~~Takayasu Yakura, "Immunosuppressive therapy: Treatment of autoimmune diseases", Sogo Rinsho, 1981, Vol. 30, p.3358;~~ and Shin Totokawa et al., "Study on methotrexate therapy in rheumatoid arthritis: Seeking for strategy of more effective administration", Rheumatism, 1997, Vol. 37, p.681-687). However, these therapies are not eradicative but rather are disadvantageous in that they may cause severe adverse side effects due to long-term ingestion of medicaments. Thus, it is desired to develop more effective prophylactics/remedies and therapy.

Please replace the paragraph beginning on page 5, line 3 with the following amended paragraph:

Kim C. et al. reported that lupus nephritis in MRL/lpr mice, model mice of Systemic lupus erythematosus (hereinafter referred to as "SLE"), could be suppressed by

previously administering SEB (Kim C. et al., Journal of Experimental Medicine, 1991, vol. 174, p.~~1131~~ 1431-1437). Rott O. et al. also reported that SEB was previously administered to a system of Experimental Allergic Encepharomyelitis (hereinafter referred to as "EAE") to induce immunological tolerance in T cells bearing the Vβ8TCR responsive to SEB to thereby suppress the disease (Rott O. et al., International ~~and National~~ Immunology, ~~1991, vol. 4, p.347~~ 1992, Vol. 4, No. 3, p.347-353). These results suggest a possibility that SEB may be used as a vaccine to allow for prevention of specific autoimmune diseases.